

Agency: Commerce, Community and Economic Development**Grants to Named Recipients (AS 37.05.316)****Grant Recipient: Mid-Valley Senior Center, Inc.****Federal Tax ID: 92-0107364****Project Title:**

Mid-Valley Senior Center, Inc. - Kitchen Renovation/Upgrades

State Funding Requested: \$ 100,000**House District: 15 - H**

One-Time Need

Brief Project Description:

The Mid-Valley Senior Center kitchen is in need of a complete renovation to provide services to Seniors.

Funding Plan:**Total Cost of Project: \$100,000**Funding Secured*Amount FY*Other Pending Requests*Amount FY*Anticipated Future Need*Amount FY*

There is no other funding needed

Detailed Project Description and Justification:

The Mid-Valley Senior Center kitchen is old, unsafe, and inadequate to meet the needs of the Seniors, who depend on the Center for dinner and Meals-On-Wheels. The Center is housed in an undersized old building. The kitchen is very inadequate and there is a pressing need for renovation of the kitchen area, and for upgrading the appliances necessary to serve the community and seniors.

Project Timeline:

FY09

Entity Responsible for the Ongoing Operation and Maintenance of this Project:

Mid-Valley Senior Center

Grant Recipient Contact Information:

Contact Name: Leslie Wheeler, Executive Director

Phone Number: 892-6114

Address: P.O. Box 940168, Houston, AK 99694

Email: mvsc@mtaonline.net

Has this project been through a public review process at the local level and is it a community priority? ☒ Yes ☐ No

MID-VALLEY SENIORS, INC.
11975 West MidValley Way, Suite A
Wasilla, Alaska 99654-0634
(907) 892-6114 FAX (907) 892-7972
E-Mail - mvsc@mtaonline.net
Website: midvalleyseniors.org

FACSIMILE TRANSMITTAL SHEET

TO: *Senator Charlie Huggins* FROM: *L. Wheeler*
Executive Director

RE: *Capital Request* DATE: *3/3/08*

FAX Number: *465-3265* # OF PAGES: *4*

Phone Number: *1800 862 3878*

☒ URGENT ☐ For your Review ☐ Please Comment
☐ Per Your Request ☐ For Your Information ☐ Please Respond

Jody,

*I believed the e-mail had been sent at 3:30pm.
It was 4:05 before I discovered due to another call
that it had not. It took until a few minutes ago to
get enough working to get it sent. I will send a copy
of the fire inspection report when it's located. I've
attached the most recent DEC inspection though it doesn't
speak to our issues other than to establish we have a kitchen.*
Thanks, Lorie

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United Way

Mid-Valley Seniors, Inc.



Preserving Senior Pride

11975 West MidValley Way, Suite A

Wasilla, Alaska 99654

Phone: 907-892-6114 Fax: 907-892-7972

<http://www.midvalleyseniors.org/>

March 3, 2008

Dear Senator Huggins:

Thank you for your consideration of our capital needs. We currently are revamping of the kitchen appliances, work space and kitchen storage areas as priorities. The estimate we've made for funds is \$100,000⁰⁰. I sent an e-mail outlining the individual needs and the reasons. However, I was unable to send it until a few minutes ago due to the computer failing to connect to the server. The printer is not printing, thus I am handwriting this letter. The typewriter ran out of ribbon and the three we have on hand aren't compatible.

Please know that your assistance is appreciated despite the technological challenges that caused us to miss the 4:00 deadline, unbeknownst to us.



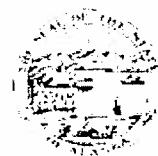
United Way

Sincerely,
Laine Wheeler



Food Establishment Inspection

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety & Sanitation



Permit Number <i>372140336</i>	Establishment <i>Mid Valley Senior Ctr</i>	Type of Operation <i>Senior Center</i>
Establishment Mailing Address	City <i>Healy</i>	State <i>AK</i> Zip <i>99694</i>
Physical Location <i>Mid Valley Senior Ctr</i>	Telephone <i>202-6114</i>	
Responsible Party <i>LESP M Gordon</i>	Email	Person in Charge

Purpose of Inspection

☒ Routine ☐ Pre-Op ☐ Follow-Up ☐ Complaint ☐ Illness Investigation ☐ Contract ☐ Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.
Public Health Interventions are control measures to prevent foodborne illness or injury.

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN= in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark "X" in appropriate box COS and /or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Employee Knowledge				Potentially Hazardous Food Time/Temperature			
1	IN OUT N/A	Certified Food Protection Manager on staff			13	IN OUT N/A N/O	Proper cooking time and temperatures
2	IN OUT	Person in Charge appropriate knowledge, performs duties			14	IN OUT N/A N/O	Proper reheating procedures for items to be hot held
3	IN OUT N/A	Food Worker Cards for all food workers			15	IN OUT N/A N/O	Proper cooling times and temperatures
Employee Health					16	IN OUT N/A N/O	Proper hot holding temperatures
4	IN OUT N/O	Proper reporting, restriction, and exclusion.			17	IN OUT N/A	Proper cold holding temperatures
Preventing Contamination by Hands					18	IN OUT N/A N/O	Proper use of time as a control: procedures & records
5	IN OUT N/O	Hands cleaned and properly washed			Consumer Advisories		
6	IN OUT N/A N/O	No bare hand contact w/ ready to eat foods			19	IN OUT N/A	Consumer advisory for raw or undercooked food
7	IN OUT	Hand washing facilities supplied and accessible			Highly Susceptible Population		
Approved Source					20	IN OUT N/A	Pasteurized food used, prohibited foods not offered
8	IN OUT	Food/water obtained from approved source			Chemical		
9	IN OUT	Food in good condition, safe & unadulterated			21	IN OUT N/A	Food additives: approved, proper use
Protection from Contamination					22	IN OUT	Toxic substances properly identified, stored, used
10	IN OUT N/A	Food-contact surfaces properly cleaned and sanitized			Conformance with Approved Procedures		
11	IN OUT N/A N/O	Food separated and protected			23	IN OUT N/A	Compliance with variance, HACCP plan
12	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food					

STANDARD OPERATING PROCEDURES and REQUIRED RECORDS

24	YES NO N/A	Standard Operating Procedures			27	IN OUT N/A N/O	Shellfish Records		
25	YES NO N/A	Employee Reporting Agreement			28	IN OUT N/A N/O	Parasite Destruction Records		
26	YES NO N/A	Self Assessments completed & maintained							

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Fridge</i>	<i>42°F</i>				
<i>Cooler</i>	<i>38°F</i>				

ADEC Food Establishment Inspection

Form 18-31-INS.01 (Rev 3/05)

DISTRIBUTION: WHITE - FILE YELLOW - OPERATOR PINK - DATA ENTRY

GOOD RETAIL PRACTICES				
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				
***Designates violation may contribute to Imminent Health Hazard				
Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
Compliance Status		COS	R	
Food Temperature Control				
29	Pasteurized eggs used where required			
30	Adequate equipment for temperature control			
31	Fruits and vegetables properly cooked for hot holding			
32	Approved thawing methods used			
33	Thermometers provided, calibrated, accurate and used			
Food Identification				
34	Food properly labeled; original container			
35	Wild/Farmed Fish properly labeled			
36	Placards provided for notification properly displayed			
Prevention of Contamination				
37	No insects, rodents, animals or unauthorized persons			
38	Contamination prevented during food preparation, storage and display			
39	Personal cleanliness maintained, employees using good hygienic practices			
40	Wiping cloths: properly used and stored			
41	Proper washing fruits and vegetables			
Compliance Status		COS	R	
Proper Use of Utensils				
42	In-use utensils: properly stored			
43	Utensils, equipment, linens: properly stored, dried and handled			
44	Single use and single service articles: properly used and stored			
45	Gloves used properly			
Utensils and Equipment				
46	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
47	Warewashing facilities: installed, maintained, and used; test strips provided and used			
48	Non-food contact surfaces clean			
Physical Facilities				
49	Plumbing designed, installed; proper backflow devices			
50	Toilet facilities: properly constructed, supplied, cleaned			
51	Garbage, refuse properly disposed; facilities designed and maintained			
52	Physical facilities installed, maintained, and clean			
53	Adequate ventilation and lighting; designated areas used			
***Water and Wastewater				
54	Water systems designed, installed, and operated as required			
55	Wastewater systems designed, installed, & operated as required			

Number of Risk Factor/Interventions:			
Number of Good Retail Practices:			
OBSERVATIONS AND CORRECTIVE ACTIONS			
Item Number	Violations cited in this report must be corrected within the time frames listed below, or as stated in section 18 AAC 31.900(e).		
	General Sanitation Excellent / Good job		
	Note: Air break installed in kitchen sink		
	All storage cleaned / not / San. from All Food Stuffs stored off floor.		
Received By (Signature)		Date	Follow up Required <input type="checkbox"/> Yes <input type="checkbox"/> No
[Signature]		2/15/08	
ID#	Inspected By	Time In	Time Out
117	Michael P. Tierney, EPH / APC	269300	1100 / 1200